

## Example 34

| <b>PROCEDURE FOR NONCONFORMANCE<br/>CORRECTIVE AND PREVENTIVE ACTION</b>  | <b>Form 34</b><br><b>Completed by:</b> <i>Jeff Miller</i><br><b>Date:</b> <i>3/10/00</i> |                                       |                     |                             |  |                             |   |
|---|--|---------------------------------------|---------------------|-----------------------------|--|-----------------------------|---|
| <p>Prepare your company's procedure(s) to address and to correct nonconformance and prevent future recurrences.</p>   |  |                                       |                     |                             |  |                             |   |
| <p><b><i>Fort Anywhere Motor Pool</i></b><br/><b><i>EMS Procedure #17: Nonconformance Corrective And Preventive Action</i></b><br/><b><i>Issue Date: March 10, 2000</i></b></p>   |  |                                       |                     |                             |  |                             |   |
| <p><u><i>I. Purpose</i></u></p> <p><i>To provide a standard procedure to identify, document, analyze, and implement preventive and corrective actions.</i></p>  |  |                                       |                     |                             |  |                             |   |
| <p><u><i>II. Definitions</i></u></p> <p><b><i>Corrective Action</i></b> <i>Action taken to eliminate the cause(s) of an existing nonconformity, defect or other undesirable situation in order to prevent recurrence.</i></p> <p><b><i>Originator</i></b> <i>- The originator of a corrective and/or preventive action request can be any employee.</i></p> <p><b><i>Preventive Action</i></b> <i>- Action taken to eliminate the cause(s) of a potential nonconformity, defect or other undesirable situation in order to prevent occurrence.</i></p> <p><b><i>Problem</i></b> <i>- Any nonconformance or any condition that has the potential to cause a nonconformance.</i></p>  |  |                                       |                     |                             |  |                             |   |
| <p><u><i>III. Supporting Documents</i></u></p> <table><thead><tr><th><u><i>Document Identification</i></u></th><th><u><i>Title</i></u></th></tr></thead><tbody><tr><td><i>Attachment 35 Form A</i></td><td><i>Preventive/Corrective Action Form</i></td></tr><tr><td><i>Attachment 35 Form B</i></td><td><i>Preventive/Corrective Action Log</i></td></tr></tbody></table>  |  | <u><i>Document Identification</i></u> | <u><i>Title</i></u> | <i>Attachment 35 Form A</i> | <i>Preventive/Corrective Action Form</i> | <i>Attachment 35 Form B</i> | <i>Preventive/Corrective Action Log</i> |
| <u><i>Document Identification</i></u>   | <u><i>Title</i></u>  |                                       |                     |                             |  |                             |   |
| <i>Attachment 35 Form A</i>   | <i>Preventive/Corrective Action Form</i>   |                                       |                     |                             |  |                             |   |
| <i>Attachment 35 Form B</i>   | <i>Preventive/Corrective Action Log</i>  |                                       |                     |                             |  |                             |   |
| <p><u><i>IV. Procedure</i></u></p> <p>1. <i>Originator describes a problem in the "Problem" section of the Preventive/Corrective Action Form and signed and dated the form.</i></p> <p><i>Note: Corrective and preventive actions <u>may</u> be triggered by the following events:</i></p> <ul style="list-style-type: none"><li><i>product nonconformity</i></li><li><i>injury/illness report</i></li><li><i>recurring problems with a particular operation or process</i></li><li><i>internal audit</i></li><li><i>noncompliance to any ISO 14001 standard</i></li><li><i>feedback from clients or stakeholders</i></li><li><i>management review</i></li><li><i>change in regulations or company requirements</i></li></ul> <p>2. <i>The EMS Representative will assign sequential identification number and decided if stated problem requires corrective action. If no corrective action is required, go to Step 7.</i></p> |  |                                       |                     |                             |  |                             |   |

## Example 34

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| <b>PROCEDURE FOR NONCONFORMANCE<br/>CORRECTIVE AND PREVENTIVE ACTION</b>   | <b>Form 35</b> (continued)<br><b>Completed by:</b> <u>Jeff Miller</u><br><b>Date:</b> <u>3/10/00</u> |
| <p>Prepare your company's procedure(s) to address and to correct nonconformance and prevent future recurrences.</p>  |  |
| <p><b><i>Fort Anywhere Motor Pool</i></b><br/><b><i>EMS Procedure #17: Nonconformance Corrective And Preventive Action</i></b><br/><b><i>Issue Date: March 10, 2000</i></b></p> <p><b><i>IV. Procedure (continued)</i></b></p> <ol style="list-style-type: none"><li><i>3. The EMS Representative will identify the appropriate corrective action, including the proposed implementation date.</i></li><li><i>4. The EMS Representative will complete appropriate section of Preventive/Corrective Action Form, sign and date form.</i></li><li><i>5. The EMS Representative or designee will implement corrective action and record actual implementation date and forward the original Preventive/Corrective Action Form to EMS Coordinator for recordkeeping purposes.</i></li><li><i>6. Go to step 9.</i></li><li><i>7. The EMS Representative will document on the Preventive/Corrective Action Form the reason no corrective action is required.</i></li><li><i>8. The EMS Representative will sign and date form and return a copy to the originator and provide the original Preventive/Corrective Action Form to EMS Coordinator for recordkeeping purposes.</i></li><li><i>9. The EMS Coordinator will log result in Preventive/Corrective Action Log and file the original Preventive/Corrective Action Form.</i></li></ol> |  |

### Example 34

**Identification Number:** \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>1. Description of Problem or Nonconformance:</b><br><br><br><br>   |  |  |
| <b>Originator:</b> _____ <b>Date:</b> _____   |  |  |
| <b>2. Corrective Action Required:</b> Yes ____<br>No ____<br><b>If no corrective action required; reason:</b><br><br><br><br> |  |  |
| <b>If Yes; Date response requested:</b> _____ :   |  |  |
| <b>3. Root Cause Description:</b><br><br><br><br>   |  |  |
| <b>4. Action proposed or taken to prevent recurrence:</b><br><br><br><br>   |  |  |
| <b>Proposed Implementation Date:</b> _____ <b>Actual Implementation Date:</b> _____   |  |  |
| <b>Owner (Manager) Responsible:</b> _____ <b>Date:</b> _____  |  |  |
| <b>5. Date Corrective Action Verified and Closed:</b> _____ yes          no   |  |  |
| <b>Remarks:</b><br><br><br><br>   |  |  |
| <b>EMS Coordinator:</b> _____ <b>Date:</b> _____  |  |  |

### Example 34

| Identif.<br>No. | PROBLEM | Originator | Reply by<br>Date | Expected<br>Completion Date | Date Verified<br>& Closed | Remarks |
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